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ABSTRACT

This paper reports on a project which analyzed the possibility of using Medicaid funding to provide reimbursement for some services needed by students with disabilities who are being served by public schools in Colorado. Six school districts or boards of cooperative services were selected to participate in a pilot program as recipients of Medicaid reimbursement. Reasons for special education directors' reluctance to participate in the study are noted. The project found that a new provider type had to be developed in order for public school administrative units to become Medicaid vendors. Necessary changes to rules are proposed, involving creation of a provider category under Early Periodic Screening and Diagnosis Treatment, providing such services as speech/language therapy, audiology, and physical and occupational therapy. The six administrative units estimated the number of handicapped children eligible for Medicaid services at 17% of the handicapped children they serve. The number of Medicaid-eligible handicapped children is estimated to be 12% of the total number of children eligible for Medicaid services. The project concluded that the six administrative units should begin to bill for Medicaid services after completing negotiations, providing staff training, establishing a billing process, and attending to other administrative details. Various administrative materials are attached to the report, including Article 82. (JDD)

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A STUDY OF PUBLIC SCHOOL MEDICAL ASSISTANCE PILOT PROGRAM

ARTICLE 82
PUBLIC SCHOOL MEDICAL ASSISTANCE PILOT PROGRAM

cde
COLORADO DEPARTMENT OF EDUCATION
STATE OFFICE BUILDING
201 E. COLFAX
DENVER, COLORADO 80203

PREPARED BY: Fred Smokoski, Assistant Director
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January, 1991

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Special Education Services Unit

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Ms. Cheryl M. Caldwell, Director of Special Education
Denver County School District 1

Dr. Pamela Mills Evans, Director of Special Education
Jefferson County School District R-1

Mr. Howard Littler, Director of Special Education
Mesa County School District 51

Mr. Don Binder, Director of Special Education
Montrose County School District Re-1J

Dr. Neil Henderson, Director of Special Education
San Luis Valley BOCS

Special gratitude is extended to Ms. Donna Bishop of the State Department of Social Services who gave freely of her time to complete this study.

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INTRODUCTION

During the last legislative session certain members of the Joint Budget Committee (JBC) and other members of the Legislature became interested in the possibility of using medicaid funding to provide reimbursement for some services needed by students with disabilities who are being served by public schools. Article 82 of H.B. 90-1314 (attached) directed the Department of Education (DoE) to conduct a study to determine the feasibility of school districts and boards of cooperative services becoming medicaid vendors under the Colorado Medical Assistance Act. The Article further directed the DoE to select six school districts or boards of cooperative services to participate in a pilot program as recipients of medicaid reimbursement and to prepare a report to be delivered to the General Assembly on or before February 1, 1991. The report was to include, at least, the following information:

1. The Department's assessment of the success of the participating districts in obtaining medicaid reimbursement.

2. The Department's assessment of the feasibility of expanding the pilot program.

3. The Department's recommendations concerning legislation necessary to most effectively implement medicaid reimbursement in the other districts in the State.

PROCEDURE

On June 20, 1990 a memorandum (attached) was circulated among the special education directors of all of the local administrative units serving children with disabilities. Copies of the memorandum were also distributed to all of the superintendents of Colorado's school districts. The response was not overwhelming. After speaking with several special education directors, six administrative units were selected for the pilot program. They were:

Denver County 1
Jefferson County R-1
Adams County 1
Mesa County Valley 51
Montrose County Re-1J
San Luis Valley BOCS

A series of three meetings was held with administrative unit personnel, State Department of Social Services (DSS) staff, and DoE personnel (notices attached). Preliminary and ancillary meetings were also held with DSS staff and the Division of Mental Health.

Special education directors expressed several reasons for not participating in the study. Among them were:

1. Directors were uncertain what benefits, if any, would result from billing medicaid for services.

2. Medicaid billing is an extremely complicated process.

3. Funds obtained from medicaid might not compensate for the personnel time invested in administering the program.

4. Administrative units could invest more actual dollars in the program than they would recover from medicaid.

5. Administrative units would have no control over who qualifies for medicaid eligibility.

6. Many directors were concerned that any increased revenues received from medicaid would result in a further decrease in dollars available under the State's Exceptional Children's Educational Act (ECEA).

A meeting was held in August, 1990 with Larry Buzick, the JBC Analyst, during the last legislative session, and with Duff Stewart, the current analyst. The purposes of that meeting were to bring both men up to date on what had transpired up to that point and to provide a transition about the issues surrounding the legislation.

RESULTS

The expectation of the Legislature that Article 82 of H.B. 90-1314 would create additional service providers for the provision of medicaid services was not immediately realized. However, by passing Article 82 of 90-1314, the Legislature started the events necessary for public school administrative units to become medicaid vendors.

The DoE, DSS, and Regional Federal Office have proposed a new provider type which, it is believed, will meet the intent of the legislation. However, before administrative unit pilot programs can be implemented, additional financing will be necessary for the six pilot projects. In addition, rules must be developed and approved by the State Board of Social Services to implement the changes proposed below.

In order for administrative unit pilot programs to qualify for federal medicaid financing:

1. Public schools must qualify as a provider under the Medicaid Program. Currently the schools do not meet the requirement of medicaid categories such as inpatient hospital, outpatient hospital, physician, nursing home, lab and x-ray, and durable medicaid equipment.

   Proposal: *Medicaid will develop a new provider category under Early Periodic Screening and Diagnosis Treatment (EPSDT). The program covers children under 21. The services can be defined between the administrative units and the DSS. It is recommend that administrative units initially provide the services of speech/language therapy, audiology, physical and occupational therapy.*

Any psychological services that the community mental health centers will provide should be determined in communication with the Department of Institutions (DoI) and the centers themselves. The DSS should monitor these discussions to assure concurrence with Federal regulations.

2. Provider enrollment in the EPSDT option will be limited to school districts and boards of cooperative services as specified in Article 82 of H.B. 90-1314.

Proposal: *Upon promulgation of necessary rules and regulations, the DSS will contact its fiscal agent, Blue Cross/Blue Shield (BC/BS) to send enrollment packets to the new EPSDT option providers. All individuals providing services under the option must be enrolled and must meet requirements of certification and/or licensure. This is a cumbersome process, but if handled together by each administrative unit and returned to BC/BS at one time, it can be expedited.*

3. Physician referral is essential, as medicaid reimbursement is based on medical necessity determined by the MD or DO.

Proposal: *EPDST provider type will not require a doctor on premise to provide direct supervision. However, student case files must contain a doctor's referral to demonstrate medical necessity and a copy of the EPSDT screening to meet EPSDT requirements. A single form could be developed to notify parents of a child's need for one or more of the therapies. Forms would be completed by the doctor which would provide the screening information and include the doctor's signature to authorize services. Medicaid staff is working on this proposed form.*

4. Reimbursement for services will be dependent on a methodology being developed by medicaid in consultation with the administrative units.

   a. Reimbursement will be established by fee schedule at a level consistent with other medicaid providers rendering comparable services.

   b. Reimbursement must be consistent with federal regulations.

   c. Medicaid is payor of last resort which means districts must bill other third party insurances first if the student is covered by private insurance, and bill medicaid for the balance due.

   Proposal: *Medicaid's automated claims payment system denies any claim for which there is a third party known to the State. Administrative units will be notified of the third party carrier, group numbers, and addresses when a student is denied. The Medicaid Third Party Resource Unit will assist with training and follow-up for administrative units having problems with this aspect of the program.*

5. Individuals providing services must meet the following Colorado certification requirements:

   a. Physical therapy

      (1) "Physical therapy" means services prescribed by a physician and provided to a recipient by a qualified physical therapist.

(2) A "qualified physical therapist" is an individual who:

(a) is licensed to practice physical therapy in the State of Colorado, and

(b) has satisfactorily completed an approved physical therapist program in an accepted institution of higher education.

b. Occupational therapy

(1) "Occupational therapy" means services prescribed by a physician and provided to a recipient by a qualified occupational therapist.

(2) A "qualified occupational therapist" is an individual who:

(a) is registered by the American Occupational Therapy Association, and

(b) has satisfactorily completed an approved therapist program in an accepted institution of higher education.

c. Speech/language therapy

(1) "Speech/language therapy" means services prescribed by a physician and provided to a recipient by a qualified speech/language therapist.

(2) A qualified speech/language therapist is an individual who:

(a) holds a master's or higher degree, and

(b) has completed an approved program in speech pathology from an accepted institution of higher education.

d. Audiology

(1) "Audiology" means services prescribed by a physician and provided to a recipient by a qualified audiologist.

(2) A qualified audiologist is an individual who:

(a) holds a master's or higher degree in audiology from an accepted institution of higher education, and

(b) has completed an approved graduate-level program in audiology.

Proposal: *At the time that therapists enroll in the Medicaid Program they must present credentials verifying the above requirements.*

6. Supplies and Equipment

Proposal: *If supplies are equipment are medically necessary and prescribed by a MD or DO, medicaid eligible students should obtain them through a medicaid enrolled supplier, as they do now.*

7. The medicaid program needs adequate record keeping to demonstrate that:

   a. physician referral and signature was obtained,

   b. EPSDT screening was performed,

   c. services are corrective in nature, and

   d. services are medically necessary.

   Proposal: *A case file must contain a doctor's referral, EPSDT screening form, review reports and treatment plans. Medicaid billings and payments must also be available upon request to the medicaid agency for three years from date of services. The medicaid program has developed a Primary Care Physician (PCP) program in order to coordinate the provision of services to medicaid clients. In order to maintain the integrity of this program and to maintain the provision of coordinated services to this population, a referral from the PCP will be required.*

8. Claims processing rules and regulations will apply to administrative units. Detailed procedures will be available when administrative units enroll. The administrative units will be expected to bill the fiscal agent for medicaid services as would any medicaid provider.

   Proposal: *a. Administrative units are to use a Colorado 1500 form.*

b. Local codes will be described so administrative units will have approximately six codes for billing for services rendered.

c. Administrative units must bill within 180 days from the date of service.

d. The State will provide training for administrative units.

9. Financing

Administrative units will need to provide the state match money for this project.

Proposal: *Administrative units will be required to provide the State match to the DSS to be used to access Federal matching funds. The DSS will return to administrative units approximately two dollars for every one dollar contributed by the administrative units. The exact amount is determined by the precise Federal matching rate. The use of the returned dollars to the administrative units is an issue between the administrative units and the Legislature.*

Psychological services which are not addressed above will be included as a part of the medicaid "package." In a subsequent meeting with the Division of Mental Health (DMH) it was determined that there appear to be no substantial obstacles to establishing administrative units as medicaid providers of mental health services.

The Six pilot administrative units reviewed their student records, and estimated the number of handicapped children, ages three through twenty-one, who are eligible for medicaid services. Overall, they estimated that 17 percent of their handicapped children are medicaid eligible. However, this percentage varies significantly from unit to unit, as indicated in Figure 1.

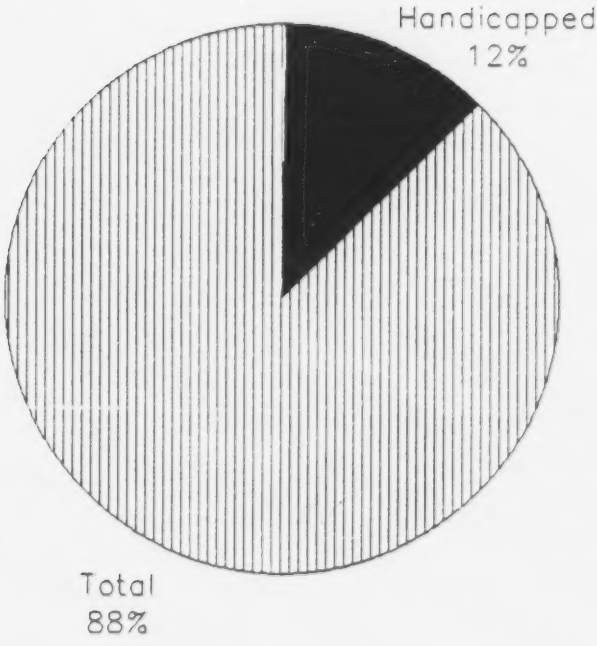
FIGURE 1

ESTIMATED NUMBER OF HANDICAPPED CHILDREN ELIGIBLE FOR MEDICAID SERVICES (AGES 3 THROUGH 21)

Administrative Unit	Medicaid Eligible Handicapped	Total Handicapped	Percent Eligible for Medicaid
Adams 1	314	650	48%
Denver 1	805	7,200	11%
Jefferson R-1	1,021	7,738	13%
Mesa 51	300	2,073	14%
Montrose RE-1J	207	527	39%
San Luis BOCS	562	898	63%
TOTAL	3,209	19,086	17%

Department of Social Services information identifies 22,811 medicaid eligible children from ages three through twenty-one in the six pilot sites. The estimated number of medicaid eligible handicapped children (3,209) is only 12 percent of the total children eligible for medicaid services in these pilot administrative units (see Figure 2).

FIGURE 2
PERCENT OF MEDICAID ELIGIBLE CHILDREN THAT ARE HANDICAPPED



CAUTIONS AND RECOMMENDATIONS

1. The dollars received from medicaid for services provided should not be looked on as a way to cut back on the funding of the Exceptional Children's Educational Act by the State of Colorado:

   a. Regulations around supplanting require that these federal dollars not replace state or local dollars. There is a nonsupplanting provision for the receipt of most federal funds which stipulates that such funds cannot be used to replace state or local support. Therefore, federal medicaid funds must be used to purchase additional services. Since medicaid funds will not fully cover the salaries and benefits of the additional personnel, additional state and local dollars will be required.

   b. There has as yet been no final rate established for service providers, but whatever the rate is it will be substantially lower than salaries paid by administrative units. Since medicaid funds will not fully cover the salaries and benefits of the additional personnel, additional state and local dollars will be required.

2. Eligibility requirements may change on a month-to-month basis so that the flow of dollars is somewhat uncertain.

3. The accurate completion of forms is essential in order not to delay payments; changes in local staff may cause difficulty in assuring accuracy.

4. Not all administrative units may find this a practical way in which to receive additional funds - the cost of administration may outweigh the benefits.

5. If the Legislature decides to expand the request for medicaid dollars beyond the six pilot administrative units, the administrative units should work directly with the DSS which administers the medicaid program.

6. Administrative units may be required to add staff to manage the billing process.

7. In addition to "start-up" money for six administrative units in the 1991-92 school year, should the pilot project be successful, "start-up" money will be needed in the 1992-93 school year for the remaining forty-four administrative units. The money will be necessary to cover the start-up costs of implementing the program.

8. At least one additional FTE for the DoE and one additional FTE for the DSS will be required to administer the program. The additional FTE will be required prior to the 1992-93 school year.

9. An administrative unit must bill a third party insurance company first if the student is covered by private insurance, and bill medicaid for the balance of the claim. This will require extensive understanding of, and involvement with private insurance companies, thus increasing the amount of paperwork required.

10. Only 12 percent of medicaid eligible children are handicapped, and only a portion of these students will require the four therapies to be covered under this proposal. the relatively small number of children who will qualify for these services may not warrant the time invested in the process.

11. Not all medicaid eligible children who need speech/language, occupational or physical therapy, or audiological services will be handicapped. Therefore, it may not be appropriate to establish this as a special education process. More important, administrative units must be very careful not to inappropriately identify children as handicapped just because they qualify for therapy services through medicaid.

NEXT STEPS

The Departments of Education and Social Services propose that beginning with the next school year (1991-92), the six administrative units will begin to bill for medicaid services which they provide to medicaid eligible students. Prior to that time both departments will have the time needed to complete their negotiations, provide training to administrative unit staff, establish billing processes and attend to other details such as the development of forms, the elimination of problems around confidentiality and writing necessary rules and variances.

ATTACHMENTS

1. Memorandum soliciting partnership in Article 82 of H.B. 90-1314

2. Meeting Notices

cde

COLORADO DEPARTMENT OF EDUCATION
STATE OFFICE BUILDING
DENVER, COLORADO 80203

MEMORANDUM

TO: All Directors of Special Education

FROM: Fred Smokoski

DATE: June 20, 1990

SUBJECT: Article 82 Public School Medical Assistance Pilot Program

The attached article requires that the Department select six school districts or Boards of Cooperative Services to participate in a pilot program regarding the possibility of school systems becoming medicaid providers. This memorandum is sent to solicit volunteers to be participants in the pilot program. Please call me on or before July 10 if you wish to participate. Thank you.

FS/klk

cc: FOR INFORMATION ONLY - NO ATTACHMENTS

Superintendents
Directors of Boards of Cooperative Services

and 22-36-106.

22-36-106. Department - distribution of information - study - report to general assembly. (1) The department shall make information available to the public about the enrollment options which are available throughout the public school system in Colorado.

(2) (a) The department of education shall study and evaluate the enrollment options available throughout the public school system in Colorado. The department is authorized to request from any school district such information and data as may be necessary to make such reports.

(b) Based upon such evaluation and study, the department shall make a report to the general assembly in January of 1992 and each January thereafter.

ARTICLE 82
Public School Medical
Assistance Pilot Program

22-82-101. Legislative declaration. The general assembly hereby declares that the intent of this article is to determine the feasibility of operating school districts and boards of cooperative services as medical assistance vendors, thereby making such districts eligible to obtain medicaid reimbursement for services provided to the students in the public schools, through the implementation of a pilot program in selected districts.

22-82-102. Definitions. For the purposes of this article, unless the context otherwise requires:

(1) "Department" means the department of education.

(2) "District" means a school district or a board of cooperative services organized and existing pursuant to law.

(3) "Medicaid" means federal insurance or assistance, as such is provided by the provisions of Title XIX of the federal "Social Security Act", as amended, and the "Colorado Medical Assistance Act", article 4 of title 26, C.R.S.

(4) "Pilot program" means the public school medical assistance pilot program created pursuant to section 22-82-103.

(5) "Vendor" shall have the same meaning as set forth in section 26-4-103 (9), C.R.S.

22-82-103. Public school medical assistance pilot

program - rules and regulations - report. (1) There is hereby created the public school medical assistance pilot program. The program shall be implemented and coordinated by the department of education.

(2) The department shall select six school districts or boards of cooperative services to participate in the pilot program. Such selection shall be made by the department as soon as practical. The department shall base the selection of the participating districts on the goal of obtaining the most useful and complete information concerning the feasibility of securing medicaid reimbursement for district services.

(3) Districts chosen to participate in the pilot program shall be deemed to be vendors under the "Colorado Medical Assistance Act". Each participating district shall be authorized to submit medicaid reimbursement requests for eligible medicaid services provided to students attending school in the district.

(4) The department, in consultation with the department of social services, shall promulgate such rules and regulations as are necessary to implement the pilot program in the participating districts and to coordinate the pilot program with the operations of the department of social services. The department shall through such rules and regulations attempt to minimize the paperwork required for obtaining reimbursement and to minimize any duplication of effort among the districts, the department, and the department of social services under the pilot program.

(5) The department, the districts, and the department of social services are granted authority to enter into agreements among themselves for the purpose of implementing the pilot program.

(6) The department, the districts, and the department of social services shall safeguard the privacy interests of students receiving medical assistance. However, any necessary transfer or sharing of medicaid information among the department, the districts, and the department of social services for the purposes of implementing this article shall not be construed to be a breach of confidentiality. Notwithstanding any other law to the contrary, no person or public entity shall be liable in any civil action for any transfer of medicaid information in accordance with the provisions of this article or in accordance with the department's rules or regulations promulgated pursuant to subsection (4) of this section.

(7) The department shall prepare a report concerning the operations of the pilot program. Such report shall be

presented to the general assembly on or before February 1, 1991. The report of the department shall include, but shall not be limited to, the following:

(a) The department's assessment of the success of the participating districts in obtaining medicaid reimbursement;

(b) The department's assessment of the feasibility of expanding the pilot program; and

(c) The department's recommendations concerning legislation necessary to most effectively implement medicaid reimbursement in the other districts in the state.

SECTION 60. 22-53-104 (4), Colorado Revised Statutes, 1988 Repl. Vol., is amended to read:

22-53-104. Attendance in district other than district of residence. (4) For handicapped children residing in a particular school district but receiving an education in another school district, ~~or~~ a state institution or facility, ~~or~~ a residential child care facility, or an eligible nonprofit organization within Colorado, the state average per pupil operating revenues shall be the district of residence's total responsibility under this part 1 for the education of that child. THE PROVISIONS OF THIS SUBSECTION (4) SHALL NOT APPLY TO HANDICAPPED CHILDREN ENROLLED IN AN INTERDISTRICT PARTICIPATING SCHOOL DISTRICT PURSUANT TO THE PROVISIONS OF ARTICLE 36 OF THIS TITLE.

SECTION 61. 22-53-121 (3), Colorado Revised Statutes, 1988 Repl. Vol., is amended to read:

22-53-121. State public school fund. (3) ~~Except--as provided--in--section---22-53-124--(4),~~ FIFTY PERCENT OF any unexpended balance of moneys appropriated by the general assembly in the state public school fund at the end of each fiscal year shall ~~revert-to-the-general-fund~~ BE TRANSFERRED TO THE SCHOOLS OF CHOICE FUND CREATED IN SECTION 22-36-105 AND THE REMAINING FIFTY PERCENT SHALL BE TRANSFERRED TO THE COLORADO COMPREHENSIVE HEALTH EDUCATION FUND CREATED IN SECTION 22-25-109, but any balances derived from other sources shall remain in said state public school fund and become available for distribution during the following fiscal year.

SECTION 62. Article 25 of title 22, Colorado Revised Statutes, 1988 Repl. Vol., is REPEALED AND REENACTED, WITH AMENDMENTS, to read:

ARTICLE 25
Colorado Comprehensive Health
Education Act

STATE OF COLORADO

COLORADO DEPARTMENT OF EDUCATION
201 East Colfax Avenue
Denver, CO 80203
FAX: (303) 830-0793

William T. Randall
Commissioner of Education
Richard A. Laughlin
Deputy Commissioner

Dear

I would like you to participate in a meeting on September 18 from 9:00 am until noon in Room 403 in the State Office Building at 201 E. Colfax. This will be the first in a series of meetings or activities to meet the requirement that a report be given to the legislature in January of 1991 about the possibility of having public schools be designated as service providers under Medicaid. (Please see enclosure.) Representatives of CCB's, social services, education and other agencies will be in attendance. If you are unable to attend, please send an appropriate designee. It may be that others will need to become involved following this meeting. Please bring any materials you believe will be of help.

Sincerely,

Fred Smokoski
Assistant Director
Special Education Services Unit
(303) 866-6694

FS/caf/medicaid

COLORADO DEPARTMENT OF EDUCATION
STATE OFFICE BUILDING
DENVER, COLORADO 80203

MEMORANDUM

To: Medicaid Study Participants

From: Fred Smokoski

Date: October 3, 1990

Subject: Meeting: October 11, 1990

The next meeting of our group is scheduled for October 11 at 1:30 p.m. at the Airport Sheraton Hotel. The agenda will include a presentation by Donna Bishop of State Social Services on the process for persons/agencies becoming Medicaid providers, impediments in Colorado's Medicaid Plan and legislation which prevent school districts or their personnel from becoming Medicaid providers.

Howard Littler from Grand Junction will discuss the process they are using to gain access to Medicaid dollars.

We will also discuss processes to be used to gain information about numbers of students in the six administrative units which will participate in the study who may be eligible for Medicaid services.

cc: Arvin Blome
Brian McNulty

FS/caf/medmeet

cde

MEMORANDUM

COLORADO DEPARTMENT OF EDUCATION
STATE OFFICE BUILDING
DENVER, COLORADO 80203

TO: Medicaid Study Group

FROM: Fred Smokoski FS

DATE: October 24, 1990

SUBJECT: Meeting

The next and final meeting of our group will be on November 15 at 1:30 in Room 306 in the State Office Building at 201 East Colfax (the Education Department). If you cannot be in attendance please send a designee. The agenda will include:

AFDC (or other) information useful in identifying eligible students (LEAs please bring numbers of students)
Funding benefits/restrictions/problems
Additional information from SDSS
Format for legislative report
Other business

Please call me if you have any questions.

cc: Brian McNulty